

<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits.		A. Received by (Please Print Clearly) <u>M</u> C. Signature <u>[Signature]</u> B. Date of Delivery <u>3-5-05</u>	
1. Article Addressed to:  Mr. Michael S. Abney 317 Sheep Pond Road Brewster, Massachusetts 02630		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
2. Article Number (Zip) <u>7002 0510 0004 3543 3076</u>		Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	
PS Form 3811, July 1999		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Domestic Return Receipt		102565-99-M-1789	